

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029600

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 311

Primary Registration District No. 4456

Registrar's No. 21

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY ST. CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN APPLETON CITY

Length of stay in 1b

2 day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ELLATT M. Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY ST. CLAIR

c. CITY

OR TOWN APPLETON CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

TODD ALAN BROWER

4. DATE

Month

Day

Year

OF DEATH

JULY 10

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JULY 8-63

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

APPLETON CITY, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

DAVID BROWER

13b. MOTHER'S MAIDEN NAME

JANET LORENSEN

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DAVID BROWER APPLETON CITY, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

4 hr

DUE TO (b)

PREMATHORITY

36 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

BIRTH

to JULY 10 1963

and last saw him alive on JULY 10 1963

Death occurred at

6:22

AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.H. Brown

22b. ADDRESS

Appleton City, Mo.

22c. DATE SIGNED

July 10, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-11-63

23c. NAME OF CEMETERY OR CREMATORY

Howland Grove

23d. LOCATION (City, town, or County)

Cumberland, Iowa

24. FUNERAL DIRECTOR

ADDRESS

Emma Eckhoff Appleton City, Mo. July 10-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mildred Martin Deputy

(License, Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton, Wis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.